

PERMISSION TO GIVE MEDICATION AT SCHOOL

Oakley Union Elementary School District
California Education Code Section 49423 and 49423.5

STUDENT LAST NAME FIRST MIDDLE AGE DATE OF BIRTH

****TO BE COMPLETED BY THE PHYSICIAN**

Name of Medication	Dosage	Method	Approximate Time of Day	Reason

Side Effects: _____

Precautions / Special Directions: _____

If PRN medication, list symptoms: _____

Does the above medication(s) need to be evacuated with the child in an event of an emergency? Yes No

Signature of MD or NP/PA & Supr. MD Lic.#/Furnishing # Address Phone

****TO BE COMPLETED BY THE PARENT/GUARDIAN**

My child is under the care of Dr. _____. I understand it is my responsibility as the parent/guardian to keep the school supplied with and informed of any changes in my child's medication(s). I, or a designated adult, will bring the medication to the school in its original container or prescription bottle. I also understand it is my responsibility to monitor expiration dates of all prescription or over-the-counter medications I bring to school. I authorize the school nurse to communicate with the health care provider when necessary.

I give permission to _____ School to administer medication
(Name of school)
to my child, _____
(Name of child)

Parent/Guardian (Print): _____ Signature of Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Date: _____

A new form is required every school year and if there are changes in the medication(s) or dosage(s).

** Please pick up all medications from school site at the end of each school year. Medications not picked up will be discarded.*